

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Plaintiff(s)

Index # 08 CV 399

- against -

Purchased January 15, 2008

GLENGARIFF HEALTH CARE CENTER

Defendant(s)

AFFIDAVIT OF SERVICE

STATE OF NEW YORK: COUNTY OF NEW YORK ss:

DAVID KLEINBERG BEING DULY SWORN DEPOSES AND SAYS DEPONENT IS NOT A PARTY TO THIS ACTION, OVER THE AGE OF EIGHTEEN YEARS AND RESIDES IN THE STATE OF NEW YORK.

That on January 31, 2008 at 02:30 PM at

141 DOSORIS LANE
GLEN COVE, NY 11542

deponent served the within SUMMONS AND COMPLAINT; INDIVIDUAL PRACTICES OF JUDGE DENNY CHIN; 3RD AMENDED INSTRUCTIONS FOR FILING AN ELECTRONIC CASE OR* on GLENGARIFF HEALTH CARE CENTER therein named,

**SUITABLE
AGE**

by delivering thereat a true copy of each to KEN WINSTON a person of suitable age and discretion. Said premises is Defendant's actual place of business within the state. He identified himself as the GENERAL-AGENT of the Defendant.

Deponent further states that he describes the person actually served as follows:

| Sex | Skin Color | Hair Color | Age (Approx.) | Height (Approx.) | Weight (Approx) |
|------|------------|------------|---------------|------------------|-----------------|
| MALE | WHITE | GRAY | 60 | 5'10 | 195 |

MAILING

Deponent enclosed a copy of same in a postpaid wrapper properly addressed to the Defendant at the Defendant's actual place of business at

141 DOSORIS LANE
GLEN COVE, NY 11542

and deposited said wrapper in a post office or official depository under exclusive care and custody of the United States Postal Service within New York State on February 1, 2008 by REGULAR FIRST CLASS MAIL in an envelope marked PERSONAL & CONFIDENTIAL and not indicating on the outside thereof, by return address or otherwise, that the communication is from an attorney or concerns an action against the person to be served.

*APPEAL; PROCEDURES & GUIDELINE FOR ELECTRONIC CASE FILING; INDIVIDUAL PRACTICES OF MAGISTRATE JUDGE MICHAEL H. DOLINGER

That at the time of such service deponent knew the person so served as aforesaid to be the same person mentioned and described as the Defendant in this action.

Sworn to me on: February 1, 2008

JOEL GRABER
Notary Public, State of New York
No. 02GR4699723
Qualified in New York County
Expires February 10, 2010

JOSEPH KNIGHT
Notary Public, State of New York
No. 01KN6178241
Qualified In New York County
Expires November 26, 2011

JONATHAN GRABER
Notary Public, State of New York
No. 01GR6156780
Qualified in New York County
Expires December 4, 2010


DAVID KLEINBERG

Invoice #: 455267

United States District Court

SOUTHERN DISTRICT OF NEW YORK

1199 SEIU UNITED HEALTHCARE WORKERS
EAST,

SUMMONS IN A CIVIL CASE

v.

08 CV 00399
CASE NUMBER

GLENGARIFF HEALTH CARE CENTER,

TO: (Name and address of Defendant)

GLENGARIFF HEALTH CARE CENTER
141 Dosoris Lane
Glen Cove, New York 11542
(516) 676-6345

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LOWELL PETERSON, ESQ.
MEYER, SUOZZI, ENGLISH & KLEIN, P.C.
1350 BROADWAY, SUITE 501
NEW YORK, NY 10018

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CLERK **J. MICHAEL McMAHON**

DATE **JAN 15 2008**

(BY) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action –SDNY WEB 4/99

RETURN OF SERVICE

| | |
|--|-------|
| Service of the Summons and complaint was made by me ¹ | DATE |
| NAME OF SERVER (PRINT) | TITLE |

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

| | | |
|--------|----------|-------|
| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server _____

Address of Server _____

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.